



Withrow & Terranova

Professional Limited Liability Company

Attorneys At Law
Registered Patent Attorneys

A High Technology Patent Practice

FACSIMILE TRANSMITTAL SHEET

TO:	Issue Fee	FROM:	Benjamin S. Withrow
COMPANY:	USPTO	DATE:	December 12, 2005
FAX NUMBER:	571-273-2885	TOTAL NO. OF PAGES INCLUDING COVER:	6
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	7000-026
RE:	Issue fee submission	YOUR REFERENCE NUMBER:	09/666,964

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ ORIGINAL TO FOLLOW

NOTES/COMMENTS:

Please find attached the following items:

- 1) Submission of Issue Fee
- 2) Issue Fee Transmittal Form
- 3) Change of Correspondence Address
- 4) Fee Address Indication
- 5) Credit Card Payment for \$1,403.00

NOTE: The information contained in this transmission is privileged and confidential and intended ONLY for the individual or entity named above. If you should receive this transmission in error, please notify our office and return to the below address via the U.S. Postal Service.

201 SHANNON OAKS CIRCLE, SUITE 200
CARY, NC 27511
PH: (919) 654-4520
FAX: (919) 654-4521



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dalrymple *et al.*

Filed: 09/21/2000

Serial Number: 09/666,964

For: **CONTROLLING COMMUNICATIONS THROUGH A VIRTUAL
REALITY ENVIRONMENT**

Examiner: Shew, John

Group: 2664

Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

SUBMISSION OF ISSUE FEE

In accordance with the Notice of Allowance and Issue Fee Due dated October 27, 2005, we herewith transmit the issue fee for the above-identified application. A change of correspondence address and fee address indication form are also enclosed.

Respectfully Submitted,

Benjamin S. Withrow
Reg. No. 40,876Withrow & Terranova, P.L.L.C.
Customer No. 27820
P.O. Box 1287
Cary, NC 27512
(919) 654-4520Date: December 12, 2005
File No: 7000-026CERTIFICATE OF TRANSMISSION
I HEREBY CERTIFY THAT THIS DOCUMENT IS BEING
TRANSMITTED VIA FACSIMILE ON THE DATE INDICATED BELOW
TO:

USPTO - Issue Fee Fax: 571-273-2885

Jennifer Alkove
Name of SenderJennifer Alkove
SignatureDecember 12, 2005
Date of Transmission